

# ARGONNE NATIONAL LABORATORY ARGONNE, ILLINOIS U.S.A.

SEPTEMBER 9-13, 2002

## EXHIBITOR REGISTRATION FORM

EXHIBITOR INFORMATION	(Please print or type)				
Name Family (Last)	First		M.I.		
Name of Company			·		
Department					
Street Address		1			
Town	State/Province	Postal Code	Country		
E-mail Emergency Contact & Telephone N	Telephone	Fax			
Names of Accompanying Persons: (Not participating in Scientific Program)					
Name 1:	Name	2:			
BOOTH SELECTION					
First Choice:	Second Choice:	Third Choice	ce:		

## REGISTRATION FEES (in U.S.\$)

Event	Number	Payment received by June 28, 2002	Amount Remitted
<b>Exhibitor Fee</b> (includes 8ft x 30in table, draped; 1 full conference registration, proceedings, and lunches for one person)		\$1600.00	
Brochure in Conference Bag		\$500.00	
Sponsorship Opportunity			
Banquet (Thursday, Sept. 12) # of tickets →		\$35.00	
Dietary Restrictions:			
TOTAL AMOUNT REMITTED		U.S. \$	

### **ACCOMMODATIONS**

A block of rooms has been reserved at the Argonne Guest House for this meeting. Please make your reservations directly with the hotel and tell them you are attending the FEL2002 Conference.

Argonne Guest House • 9700 South Cass Avenue, Bldg. 460 • Argonne, IL 60439 U.S.A.

Tel: 1 800 632.8990 (inside U.S.) • Tel: +1 630.739.6000 (outside U.S.)

Fax: +1 739.1000 • E-mail: argonne-guest-house.anl.gov

Single: \$65.00 / night + taxDouble: \$75.00 / night + tax

## CITIZENSHIP INFORMATION (for access to Argonne)

All non-U.S. citizens planning to attend the Conference/Workshop, stay at the Argonne Guest House, or attend any FEL2002 functions at Argonne National Laboratory are required to provide citizenship information in order to get clearance to come on the Argonne site. Each non-U.S. citizen must complete a form and return it to the conference organizers no later than **August 9, 2002**. A copy of the form is available online at:

#### http://www.aps.anl.gov/fel2002/CitizenshipInfoForm.pdf

#### METHOD OF PAYMENT

Please note that Exhibitor registration payment can be made by credit card (VISA or MasterCard only), bank transfer,

or (	cneck (see informati	on below).				
	CREDIT CARD*	: 🗆 VISA 🗖 MasterCard	l			
	Card Number		Expiration I	Date (mm/yy)		
	Cardholder's Name	e				
		ePrint name exactly as it ap	pears on the card			
	Cardholder's Signa					
		ature* * Original signature is requ	ired for credit card payn	nent		
	<b>BANK TRANSFER (U.S.\$):</b> State clearly the name of the participant, the conference ("FEL2002"), are following information:					
	Bank:	Oak Brook Bank	Depositor Account 7	Fitle: Argonne National Laboratory		
	Address:	1400 16th Street	Depositor Account N	No.: 022221300		
		Oak Brook, Illinois 60521 USA	Type of Account:	Checking		
	Routing Transit #:	071923310				
	<u>Date of transfer</u> : Bank transfer was requested through ☐ my own bank ☐ my Institution on(mm/dd/yy).					
	NOTE: Banks cha	rge a transfer fee for this service.	Please make sure the	e bank transfer fee is included in the		
		J.S. currency and made payable to: eign banks will incur a \$30.00 check				
	☐ Check is encl	osed		MAIL or FAX this form along with payment or credit card information to:		
	An administra	efunds will be made after <b>June 28</b> , tive fee of \$100.00 will be withheld eceived in writing by June 28, 2002	for any	Conference Services Argonne National Laboratory Building 201 9700 South Cass Avenue		

Please e-mail any questions to fel2002@aps.anl.gov

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